



## Authorization Agreement for Automatic Deposits (Credits)

Name of Employer		Daytime Phone
Name of Employee (Last, First, M.I.)		Social Security #
Address	City & State	Zip Code
Deposit into my (Check One): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

I hereby authorize CBSolutions LLC to make deposits into my account. I understand that it will take approximately two weeks from the date that CBSolutions LLC receives this authorization for direct deposits to begin.

This authority is to remain in full force and effect until CBSolutions LLC has received written notification from me of its termination in such time and such manner as to afford CBSolutions LLC and my financial institution a reasonable opportunity to act on it.

Signature

Date

NOTE: VOIDED CHECK MUST BE ATTACHED HERE:

Return to:

CBSolutions LLC  
ATTN: Flex Account Administration  
160 N.W. Gilman Blvd. Suite 3  
Issaquah, WA 98027